

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup> Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE DIV.

2009 DEC 10 AM 9:22

**COMMITTEE NAME** (Must be same as on Statement of Organization)

*patskey.com*

**IMPORTANT:** (Indicate by # type of committee you are reporting for: ☐)

( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

*PAT SKEY*

Political Party (if applicable)

Office Sought

District (if Senate or House)

FORM

**DR-2**

(Rev. 07/2007)

DISCLOSURE  
REPORT

**For Office Use Only**

Comm. # \_\_\_\_\_

Logged In \_\_\_\_\_

Scanned \_\_\_\_\_

Computer \_\_\_\_\_

Audited \_\_\_\_\_

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

*[Signature]*  
SIGNATURE OF PERSON FILING REPORT

*319-362-2277*  
TELEPHONE

*11/30/09*  
DATE SIGNED

I AM FILING A \_\_\_\_\_ REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR.

(report date)

Indicate by # ☒ 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

*12-1-09*

County & Local Committees, enter County in  
which Election is held

*Linn*

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ *5357.22*

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

*9850.00*

Schedule F: Loans Received total (Attach Schedule F)

*-0-*

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

*-0-*

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ *15,207.22*

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

*12,423.74*

Schedule F: Loan Repayments total (Attach Schedule F)

*-*

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

\$ *2783.48*

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$ *4,520.64*

**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

YES ☒ NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

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# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY  
RECEIPTS

☐ CHECK THIS BOX IF  
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

patshey.com

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/22	ID# CK#	JIM BRADLEY 2007 1ST AVE SE CA		\$100.	<input type="checkbox"/>
11/22	ID# CK#	KEVIN KNOTSON 1574 TURKEY CT N.W. SWISHER IA 52338		250.	<input type="checkbox"/>
11/22	ID# CK#	D.J. SHEY 2303 HWY 169 ALBONA IA 50511	FATHER	2000.	<input type="checkbox"/>
11/22	ID# CK# 6323	MASTEN BOILDFAS 221 PARK ST. DES MOINES 50306-		750	<input type="checkbox"/>
11/22	ID# CK#	KIM & KATHERINE BROKAN 2249 CLONDE CA 92403		400.	<input type="checkbox"/>
11/22	ID# CK#	JAY OSBORNE CARLA SHEY OSBORNE 510 EDINBURGH, MARION	SISTER	100	<input type="checkbox"/>
11/22	ID# CK#	KAY HALLONAN 825 17TH ST. SE CA 52403		500	<input type="checkbox"/>
11/22	ID# CK#	DOB RUSK 900 2ND ST. SE #605 CA 52401		150	<input type="checkbox"/>
11/22	ID# CK#	JOHN & CINDY BLOOMHALL 277 HAGGIS WAY MARION IA 52302		250	<input type="checkbox"/>
11/22	ID# CK#	WM PROWELL 523 KNOLLWOOD SE CA 52403		200	<input type="checkbox"/>

SUB-TOTAL

\$4700

TOTAL (if last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 4  
(for Schedule A)

For Instructions, See Back of Form

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<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**CONTRIBUTIONS -- MONEY TAKEN IN**  
(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

*pat.foley.com*

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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✓ 11/22	ID# CK#	BOB & DIANE JOHNSON 416 JACOLYN DRIVE NW CR 52407		\$ 50.	<input type="checkbox"/>
✓ 11/22	ID# CK#	STEVE CARFRAE 2633 WHITNEY NE CR 52402		50.	<input type="checkbox"/>
✓ 11/22	ID# CK#	JOHN SMITH 315 ROSEDALE CR 52403		500.	<input type="checkbox"/>
✓ 11/22	ID# CK#	BARRY BOYER 7100 GREEN BRANCH LN CR 52411		50	<input type="checkbox"/>
✓ 11/22	ID# CK#	HENRY & ANN ROVER 330 ROSEDALE CR 52403		200	<input type="checkbox"/>
✓ 11/22	ID# CK#	LARRY HELLING 2910 NEWCASTLE MARION 52302		100	<input type="checkbox"/>
✓ 11/22	ID# CK#	JEFF & TERRI ELGIN 6940 BOWMAN LN NE CR 52402		250	<input type="checkbox"/>
✓ 11/22	ID# CK#	TOM ALLEN 1089 CEDAR WOODS RD CR 52403		250	<input type="checkbox"/>
✓ 11/22	ID# CK#	GEO. GARR P.O. BOX 67 CR 52406		200	<input type="checkbox"/>
✓ 11/22	ID# CK#	GERALD & BARRA ECKHART 295 30TH ST. SE CR 52407		100	<input type="checkbox"/>
SUB-TOTAL				\$ 750	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

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SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**CONTRIBUTIONS -- MONEY TAKEN IN**  
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

*pc Foley, Co*

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
✓ 11/22	ID# CK#	CLEO ROWLANDS 1225 THIRD AVE SE OR 52403		\$ 150	<input type="checkbox"/>
✓ 11/22	ID# CK#	JIM & JEAN TINKER 2304 HILLCREST SE OR 52403		100	<input type="checkbox"/>
✓ 11/22	ID# CK#	JOE & KATHY POTTEN 4847 OAK GROVE CT NE OR 52401-6789		500	<input type="checkbox"/>
✓ 11/22	ID# CK#	TONY COLOMBI 340 27TH ST DR SE OR 52403		100	<input type="checkbox"/>
✓ 12/1	ID# CK#	MARK & TRACY ZIMMERMAN 3000 PINNEY WOODS SE OR 52403		50	<input type="checkbox"/>
✓ 12/1	ID# CK#	TERRY GIBSON & KARY DUNN GIBSON 2149 GRASS LINDEN DR SE OR 52403		100	<input type="checkbox"/>
✓ 12/1	ID# CK#	ROGER BAKER 4025 BLARNEY NE OR 52411		500	<input type="checkbox"/>
✓ 12/1	ID# CK#	JOHN LINGE 4200 1ST AVE SE OR		200	<input type="checkbox"/>
✓ 12/1	ID# CK#	GREG DUNN 206 ABRAHAMSON SE OR 52403		250	<input type="checkbox"/>
✓ 12/1	ID# CK#	MARC & KATHY GULLICKSON 258 ABRAHAMSON SE OR 52403		50	<input type="checkbox"/>

SUB-TOTAL

\$ 8502,000

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Datshey.com*

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
12/1	ID# CK#	MATT DLOVHY 4508 WOODSUM CT NW GR 52402		\$ 300	<input type="checkbox"/>
12/1	ID# CK#	DOUG OLSON 2190 COUNTRY CLUB SF GR 52402		250	<input type="checkbox"/>
12/1	ID# CK#	GARY STREIT 1646 BERRY SF GR 52402		200	<input type="checkbox"/>
11/3	ID# CK#	KELLY BAER CEDAR RAPIDS		100	<input type="checkbox"/>
11/3	ID# CK#	SCOTT & LAIL NAU CEDAR RAPIDS		50	<input type="checkbox"/>
11/3	ID# CK#	GORDON EPPING CEDAR RAPIDS		100	<input type="checkbox"/>
11/3	ID# CK#	WAYNE ENGLE MARION		100	<input type="checkbox"/>
11/3	ID# CK#	KAY HALBORN CEDAR RAPIDS		100	<input type="checkbox"/>
11/3	ID# CK#	DAN THIES CEDAR RAPIDS		100	<input type="checkbox"/>
11/3	ID# CK#	SARAH SHEY BROOKLYN, NY	SISTER	100	<input type="checkbox"/>

SUB-TOTAL

\$750.00

TOTAL (if last page of this schedule)

~~\$9200~~ 9,850

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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# EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Patskey.ca*

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11-11	ID# CK# 5046	US POST OFFICE ca	STAMPS	\$ 88.00
11-11	ID# CK# 5047	US POST OFFICE CR	POSTAGE	668.00
11-13	ID# CK# 5048	LINN COUNTY AUDITOR CR	LISTS	30.00
11-13	ID# CK# 5049	COPY SHOP CR	POST CARDS	123.69
11-23	ID# CK# 5050	ON MEDIA CR	CABLE	1605.00
11-23	ID# CK# 5051	KCRG CR	TV	1525.75
11-23	ID# CK# 5052	ALLEGRA CR	PRINTING & POSTAGE	2312.27
11-24	ID# CK# 5053	KRMV CR	RADIO	600.
SUB-TOTAL				\$ 6952.71
TOTAL (if last page of this schedule)				\$

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

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## EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF AMENDING FORM</b>	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

*pat's key.com*

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11-27	ID# CK# 5054	OFFICE MAP CR	OFFICE SUPPLIES	\$ 48.96
10-29	ID# CK# 5044	KCRG-TV	TV	2746.00
10-29	ID# CK# 5042	US POST OFFICE CR	POSTAGE	516.63
10-29	ID# CK# 5043	ALLEGRA CR	PRINTING	1051.44
10-30	ID# CK# 5045	KMPY	RADIO	1108.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 5471.03
TOTAL (if last page of this schedule)				\$ 12,423.74

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

*patshay.ca*

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

SCHEDULE <b>D</b> (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS – SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
10/30/09	DE NOVO ALT. CEDAR RAPIDS	MARKETING DESIGN WEBSITE	\$ 2108.00
11/21/09	CAPITOL RESOURCES BROOKLYN, IOWA	VOTER ID AUTO CALLS	1404.30
11/13/09	PAT & NANCY SUEY C.R.	US POST OFFICE \$500. OFFICE MAY 74.75 OFFICE MAY 28.86 FED EX 9.73	613.34
10/30/09	<del>DEBT INTEREST</del> <del>REIMBURSEMENT</del> PAT & NANCY SUEY	AUTO CALLS REIMBURSE.	395.00
SUB-TOTAL			\$ 4520.64
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 4520.64

\*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1  
(for Schedule D)

**CANDIDATE COMMITTEES NOTE:**

\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.



RESET

**THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY**

COMMITTEE NAME (Must be same as on Statement of Organization)

*Datskey.ca*

SCHEDULE

**H**

(Rev. 02/08)

CAMPAIGN  
PROPERTYATTACH SCHEDULE H TO  
EACH REPORT, MAKING  
CHANGES AS REQUIRED.☐ CHECK THIS BOX IF  
AMENDING FORM**PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY**

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
9-17-09	POWER POINT PROTECTION	855.	855
9-17-09	LASER PRINTER	75	75

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 930.

\* If estimated, show est. beside figure.

**PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY \*\***

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTALS \$ \_\_\_\_\_ \$ \_\_\_\_\_

\*\* PROPERTY SALES &amp; TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ \_\_\_\_\_

(Attach Additional Schedules if Needed)